HEART HEALTH AROUND THE WORLD

WORLD HEALTH ORGANIZATION
GENEVA

WORLD HEALTH ORGANIZATION

MEMORANDUM

18 October 1990

From: Ivan Gyarfas, M.D.
Chief,
Cardiovascular Diseases Unit
World Health Organization

To: Science and Medical Correspondents
Editors, News Desks

Subject: Teleconference: Heart Health Around the World in the 2000s

The diseases of the heart and arteries take more lives throughout the world today than any other illness.

Indeed, the World Health Organization estimates that at least 12 million die each year from cardiovascular diseases, mainly from heart attacks or from stroke. The majority of these deaths are "premature," occurring before age 65.

It is true that these diseases are on the decline in a number of industrialized countries -- notably in Western Europe, in North America, and in Australia and New Zealand. But even there, despite decreasing mortality, cardiovascular diseases are still the No.1 causes of death.

Equally true however, is that cardiovascular diseases are on the rise in a majority of other countries -- in Eastern Europe, and also in the Third World.

At least a half of all deaths could have been prevented had victims been aware that they were being killed by unhealthy lifestyles. There is no vaccination against these diseases; there is only prevention -- through diet, controlling cholesterol, through exercise, and through no tobacco.

Yet, prevention programmes in virtually all countries are under-financed, under-staffed, and under-equipped. In some developing countries, there is a lack of such basic equipment as sphygmomanometers to check blood pressure, and stethoscopes; as well as knowledge to carry out preventive programmes.

To increase public awareness of the worldwide dimensions of cardiovascular diseases and to sound an alarm against their spread, international experts will meet to exchange experiences in a satellite teleconference on Thursday, 18 October 1990.

Originating from the University of London, the teleconference will be broadcast to some 30 sites around the world in what will be the largest international link-up from Europe on a medical subject to date. Its theme: "Heart Health around the World."

During the 180-minute teleconference, experts are expected to examine the reasons for the rise and fall of cardiovascular diseases, and to show how healthy living plays a part in disease prevention.

Our aim is the reduction of the risks in a community, and as a consequence for the people who are part of it.

That, in essence, is the story in the material released in this kit. We hope you share our view that it is a story worth telling.

CVD/London/1

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Broadcast from Beveridge Hall, University of London,
to some 30 sites in countries listed below(1)

12.00 - 15.00 Thursday, 18 October 1990

PROGRAMME

Approx. Time		
12.00	Opening:	Moderators:
		Professor Felix Gutzwiller University of Zurich, Switzerland
		Dr Margaret Ashwell British Nutrition Foundation, London, UK
	Video:	Heart Diseases: The Once and Future Killers
		Topic A
12.15	Monitoring Cardiovascular Diseases (MONICA) (Mortality, risk factors)	
	London:	Professor Robert Beaglehole University of Auckland, New Zealand
	Audience Survey:	Awareness of Risk Factors
		Topic B
12.25	The Major Killers: Coronary Heart Disease, Stroke	
	London:	Professor Tomo Strasser World Hypertension League, Geneva, Switzerland
	Tokyo:	Professor Chuichi Kawai Kyoto University Hospital, Japan
	Interactivity	

(1) Australia, Belgium, Canada, Czechoslovakia, Finland, Germany, Hungary, Indonesia, Ireland, Italy, Japan, Mauritius, Philippines, Portugal, Spain, Sweden, Switzerland, United Kingdom, United States

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Topic C

12.40 Public Awareness in the Developing World
(Heart attacks are developing in developing countries)

London: Professor Silas Dodu
University of Ghana, Accra

Indonesia: Professor R. Boedhi Darmojo
National Cardiac Center, Jakarta

Topic D

12.55 Prevention: The Role of the Physician

London: Dr Ivan Gyarfas
World Health Organization, Geneva, Switzerland

Stuttgart: Professor Franz-Josef Grosse-Ruyken
President, Chamber of Physicians,
Baden-Wurttemberg, Germany

Interactivity

Topic E

13.10 Prevention: The Role of Legislation, and Public Policy

London: Professor Pekka Puska
Member of Parliament, Helsinki, Finland

Halifax: Professor Herman Wolf
Dalhousie University, Novia Scotia, Canada

Interactivity

Topic F

13.25 Health Promotion: The Role of the Public and Private Sectors
(Diet, Exercise, No Tobacco)

London: Professor Richard Heller
University of Newcastle, Australia

Bethesda: Dr James Cleeman
National Heart, Lung, and Blood Institute,
Maryland, USA

Perth: Dr Konrad Jamrozik
University of Western Australia

Interactivity

READEX

Topic G

14.00 Diseases of Lifestyles
(Cardiovascular diseases, cancer, diabetes, others)

London: Dr Susana Sans
Programa Cronicat, Barcelona, Spain

Moscow: Professor Evgeni Chasov
USSR Research Cardiology Center

Interactivity

Topic H

14.15 The Future: Protecting the Young

London: Professor Roger Whitehead
Medical Research Council,
Dunn Nutrition Unit, Cambridge, UK

London: Panelists (Dr Sheila Bingham, Dr David Barker, Dr Alan Lucas, Professor Michael Marmot, Dr George Miller)

Interactivity

Topic I

14.30 The Future: Heart Health in the 2000's

Geneva: Dr M.L. Abdelmoumene,
Deputy Director-General, World Health Organization, Switzerland

Audience Survey Results

Targets of 8 selected sites (Czechoslovakia, Hungary, Ireland, Italy, Philippines, Portugal, Sweden, Spain)

London panelists summary

Closing: Moderators

The teleconference is produced by Interactive Events, Ltd., with the support of the Kellogg Co. and with the scientific cooperation of the Cardiovascular Diseases Unit, World Health Organization.

The programme is subject to change without notice.

LONDON PANEL

Dr Margaret ASHWELL (co-moderator)

Dr Ashwell graduated as a biochemist and did postgraduate research in biochemistry. She was involved in active research with the Medical Research Council for 15 years, covering many aspects of nutrition, particularly obesity. As Science Director of the British Nutrition Foundation, she performs the role of a scientific communicator and has experience of many scientific and media events covering important topics in science and medicine.

Professor Robert BEAGLEHOLE

Professor Beaglehole is Professor of Community Health at the University of Auckland New Zealand. He is a former Chairman of the MONICA Steering Committee, and has carried out several consultant assignments for the World Health Organization in cardiovascular epidemiology.

Professor Silas DODU

Professor Dodu retired from WHO, Geneva, a Chief Cardiovascular Diseases in 1985. Before he joined WHO, he was Dean of the University of Ghana Medical School in Accra, where he is now Professor of Medicine. His main interest in preventive cardiology is concerned with the emergence of CVD in developing countries and the increasing threat posed by the rising incidence of coronary heart disease.

Professor Felix GUTZWILLER (co-moderator)

Professor Gutzwiller is Director of the Institute of Social and Preventive Medicine at the University of Zurich. A pioneer of cardiovascular prevention in Switzerland, he is now serving a term as Chairman of the Steering Committee of the WHO MONICA Project. He is treasurer of the Working Group on Epidemiology and Prevention, European Society of Cardiology, and Editor, International Edition, Cardiovascular Disease Newsletter, International Society & Federation of Cardiology.

Dr Ivan GYARFAS

Dr Gyarfas is Chief of the Cardiovascular Diseases Unit at WHO. As Head of the Department of Epidemiology and Organizatio of Health Services, National Institute of Cardiology, Budapest, he participated in several WHO collaborative projects and was responsible for establishing a national cardiovascular diseases prevention programme in Hungary.

Professor Richard F. HELLER

Dr Heller is Professor of Community Medicine and Director, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle, New South Wales. As a practicing clinician and epidemiologist, his main professional activity related to clinical epidemiology, which attempts to bridge the gap between clinical practice and public health. The Centre runs postgraduate courses as part of the International Clinical Epidemiology Network (INCLEN). He holds two programme grants in the field of cardiovascular diseases, is part of the MONICA study and is performing a wide range of studies into the causation and prevention of cardiovascular diseases.

Professor Pekka PUSKA

Professor Puska is Director of the Department of Epidemiology of the National Public Health Institute of Finland, and Director of the North Karelia Project. He is President of the Finnish Council for Health Education (Finland will host the next World Conference on Health Education in June 1991). He is also a member of the Finnish Parliament and its Health Committee.

Dr Susana SANS MENENDEZ

Dr Sans from the Regional Department of Health and Social Security in Catalonia, Spain, is acting director of the CRONICAT Program on Prevention and Control of Chronic Diseases, and Associate Professor of Public Health at the Autonomous University of Barcelona. She is secretary of the Working Group on Epidemiology and Prevention of the European Society of Cardiology, and is a member of the Steering Committee of the WHO MONICA Project.

Dr Thomas STRASSER

Dr Strasser was professor at the Faculty o Medicine, Belgrade, Yugoslavia, before joining the WHO Cardiovascular Diseases Unit in 1969. He is currently Secretary General of the World Hypertension League, and also works with the Department of Social and Preventive Medicine, University of Geneva. He is the editor of a number o books, including the WHO publication "Cardiovascular Care of the Elderly", and has produced approximately 300 publications.

Professor Roger WHITEHEAD

Professor Whitehead is Director of the Medical Research Council, Dunn Nutrition Centre, Cambridge. His current activities include chairing the UK Panel on Recommended Dietary Amounts and participating as a member of the Department of Health's Panel on Diet and Cardiovascular Disease.

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Broadcast from Beveridge Hall, University of London,
to sites in countries listed below

12.00 - 15.00 Thursday, 18 October 1990

SITES AND CONTACTS

Australia:

Department of Social Sciences
University of Western Australia
Nedlands, Perth

Contact: Dr Konrad Jamrozik
Tel: 61 9 389 2576
Fax: 61 9 389 3648

Belgium:

University Hospital Lecture Hall
Ghent

Contact: Dr Guy De Backer
Tel: 32 91 40 36 26
Fax: 32 91 40 49 94

Canada:

Dalhousie University
Halifax, Nova Scotia

Contact: Professor Herman Wolf
Tel: 1 902 424 3303
Fax: 1 902 424 1685

Czechoslovakia:

Ministry of Health
Prague

Contact: Professor Zbynek Pisa
Tel: 42 2 472 2240
Fax: 42 2 472 8225

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Finland:

National Public Health Institute
Helsinki

Contact: Mr Veikko Salomaa
Tel: 358 0 773 2158
Fax: 358 0 773 2185

Germany:

Landesärzte Kammer Baden-Württemberg
Stuttgart

Contact: Professor Franz-Joseph Grosse-Ruyken
Tel: 49-711-76 98 90
Fax: 49-711-76 40 90

Hungary:

Hotel Hilton
Budapest

Contact: Dr Julia Kishegyi
Tel: 36 1 1327 380
Fax: (MOH) 36 1 153 4955

Indonesia:

National Cardiac Centre
Jakarta

Contact: Professor R. Boedhi Darmojo
Tel: 62 21 599 085
Fax: 62 21 599 130

Ireland:

Hotel Kilkenny
Kilkenny

Contact: Ms Anne Bambrick
Tel: 353 056 61400
Fax:

Shelbour Hotel
Dublin 2

Contact: Ms Sharon Plunkett
Tel: 353 1 781 544
Fax:

Italy:

SIB, Direzione Regionale Campanai
Naples

Contact: Dr S. Panico
Tel: 39 81 545 7286/746 2156
Fax: 39 81 546 6152

Japan:

Video Corporation
Tokyo

Contact: Professor Chuichi Kawai
Tel: 81 75 751 3185
Fax: 81 75 752 0856

Mauritius:

Mauritius Broadcasting Corporation
Port Louis

Contact: Dr Hassam Gareeboo
Tel: 230 201 1399
Fax: 230 084 871

Philippines:

Philippine Heart Centre for Asia,
Manila

Contact: Dr Esperanza Cabral
Tel: 63 2 99 61 41
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Portugal:

National Institute of Preventive Cardiology
Lisbon

Contact: Professor Ferdinand de Padua
Tel: 760 602/726 095
Fax: 764 059

Spain:

Hotel Hilton
Barcelona

Contact: Professor Ignacio Balaguer-Vintro
Tel: 34 3 256 3612/256 7902
Fax: 34 3 433 1572

Sweden:

Allmänna Sjukhus
Malmoe

Contact: Dr Thomas Kjellström
Tel: 46 40 333 200
Fax:

Sparbanken, Norrlands Konferenscentrum
Umeaa

Contact: Mr Hans Donnersvard
Tel: 46 90 157 230
Fax: 46 90 120 993

Switzerland:

World Health Organization
Geneva

Contact: Mrs Dorothy Hoffmann
Tel: 41 22 791 2534
Fax: 41 22 791 0746

Institut für Sozial- und Präventivmedizin
Zurich

Contact: Professor Felix Gutzwiller
Tel: 41 1 252 18 55
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United Kingdom:

Beveridge Hall
University College, London

Contact: Professor Roger Whitehead
Tel: 44 223 42 63 56
Fax: 44 223 426 617

United States:

U.S. Centers for Diseases Control
Atlanta, Georgia

Contact: Dr Diane Jones
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The above is subject to change without notice

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic A
(Monitoring diseases)

For release: 18 October 1990

LEAST OBESITY IN MEN, WOMEN FOUND IN AUCKLAND, BEIJING, GOTHENBERG

— These Are Findings of a WHO 10-year Study on Cardiovascular Diseases —

— London. Auckland, Beijing, and Gothenberg share the distinction of having the populations with the least number of obese men and women among those surveyed in 26 countries, according to the World Health Organization.

These are findings mid-way through a 10-year study released for a satellite conference on the theme "Heart Health Around the World" beamed to some 30 sites abroad from the University of London.

The populations surveyed are mainly in Europe but also in Australia, Canada, China, Japan, New Zealand and the United States. They are between the ages of 35 and 64.

Launched in 1985, the study named MoniCa keeps track of trends of diseases of the heart and arteries, showing how such factors as fatty diets, elevated cholesterol levels, high blood pressure, tobacco use, and sedentary lifestyles increase the risk of these illnesses.

The study's name derives from combining and shortening two words "monitoring" and "cardiovascular." The monitoring is carried out in the countries through a network of 39 centres — including one in Glasgow and another in Belfast. Each centre monitors, on an average, some 1,200 people who are representative of a total population of 15 million.

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Says Dr. Ivan Gyarfas, chief of WHO's cardiovascular diseases programme: "MoniCa is one of the largest research projects ever undertaken. It is aimed at telling health authorities what their problems are and whether preventive programmes are working or not."

According to the study only 3 per cent of males were found obese in the Beijing sample, 7 per cent in Gothenberg, and 8 per cent in Auckland. For females, 9 per cent of the sample were found obese in the three cities.

The fattest males were found in Malta, with 25 per cent obese, followed by those in Bas-Rhin and Lithuania, each with 22 per cent obese. For females, the plumpest were found in in Kaunas, 45 per cent, and then in Novosibirsk, 43 per cent and in Malta, 41 per cent.

Beijing is the capital of China, Auckland is a city in New Zealand, and Gothenberg in Sweden. Malta is an island-nation in the Mediterranean, Bas-Rhin a department in eastern France, Kaunas is a city in Lithuania, and Novosibirsk in Siberia, both in the Soviet Union.

The study shows the following for Glasgow and Belfast:

— Glasgow: Males, 11 cent and females, 16 per cent obese.

— Belfast: Males, 11 per cent and females, 14 per cent obese.

According to WHO: "Overweight was a characteristic of almost all populations studied, thus underlying the need to change unhealthy lifestyles, imprudent diets and low levels of physical activity."

By international standards, less than 25 kg/m^2 is normal weight, between 25 to 30 per cent overweight, and over 30 obese. A male, for instance, 170 cm. (5 feet 8 inches) in height should weigh less than 72.25 kg. If he weighs more, he is overweight; if he weighs even more than 86.7 kg he is obese.

The teleconference is produced by Interactive Events, Ltd., with the support of the Kellogg Co. and with the scientific cooperation of WHO's cardiovascular diseases unit.

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic B
(Major killers)

For release: 18 October 1990

DEATHS FROM HEART DISEASES, STROKE ON DECLINE
IN EUROPE WITH THE EXCEPTION OF THE EAST
— Trends Reported by the World Health Organization —

— London. Since the 1970's, mortality from ischaemic heart disease has been on the decline for men and women aged 30 to 69 throughout Europe, with the exception of the East, according to trends for 26 countries reporting to the World Health Organization over a 15-year period (1970-1985).

"The trends show rising mortality from heart disease, as well as stroke, in Europe as being now virtually 'localized' in the Eastern countries," said Dr. Ivan Gyarfas, Chief of WHO's cardiovascular diseases programme during a satellite teleconference on the theme "Heart Health Around the World" broadcast to some 30 sites abroad from the University of London.

Here is the geographical spread of percentage changes in age-standardized death rates from ischaemic heart disease:

— In 14 Northern and Western countries, mortality decline for males and females. For males, even in countries where deaths rates are among the highest in Europe — namely in Northern Ireland and Scotland — the trend is down by about 10 per cent, and in Finland, down by about 20 per cent.

— In three of six Southern countries — Italy, Malta and Portugal — mortality decreased in both sexes; although in three others — Greece, Spain and Yugoslavia — it increased.

— In all but one of six Eastern countries reporting, however, mortality rose in males and females:

Cardiovascular Diseases Programme
World Health Organization. CH - 1211 Geneva 27, Switzerland

For males, death rates increased by 90 per cent in Romania, 72 per cent in Poland, 42 per cent in Bulgaria, 39 per cent in Hungary, 21 per cent in the then German Democratic Republic, and 10 per cent in Czechoslovakia.

For females, the trends were similar: Up by 73 per cent in Romania, 59 per cent in Poland, 20 per cent in then German Democratic Republic, 15 per cent in Hungary, and 2 per cent in Czechoslovakia.

In Bulgaria, however, the rate for female mortality dropped, by 4 per cent.

The following are the three European countries with the highest decline in heart diseases:

For males, Belgium, 37 per cent; Luxembourg, 28 per cent; and Iceland, 24 per cent.

For females, Belgium, 41 per cent; Malta, 37 per cent; and Italy, 34 per cent.

England and Wales showed a decline of 11 per cent for males and 2 per cent for females; Northern Island, 9 and 16 per cent; and Scotland, 11 and 5 per cent, respectively.

Mortality for Stroke

The trend was much the same for stroke mortality —down throughout Europe for males and females, with the exception of the East, plus Luxembourg and Yugoslavia, where the trend was up.

For males, mortality increased most in Poland, by 62 per cent: followed by Hungary, 54 per cent; by the then German Democratic Republic, 48 per cent; by Bulgaria, 32 per cent; by Yugoslavia, 19 per cent; by Romania, 8 per cent; by Luxembourg, 56 per cent; and by Czechoslovakia, 3 per cent.

For females, stroke mortality decreased. England and Wales showed a decline of 38 percent for males, and 39 percent for females. The decline for Northern Ireland was 40 and 34 per cent, and for Scotland 30 and 37 per cent respectively for males and females.

Mortality also declined for ischaemic heart disease and stroke for six other countries reporting: Canada, United States, Australia, New Zealand; and Israel, Japan. (For full details, see attached)

PERCENTAGE CHANGE IN AGE-STANDARDIZED DEATH RATES FROM ISCHAEMIC HEART DISEASES (AGE 30-69)

CHANGEMENTS EN POURCENTAGE DANS LES TAUX DE MORTALITÉ PAR CARDIOPATHIES ISCHÉMIQUES CORRIGÉS DE L'ÂGE (30-69 ANS)

Country[a] — Pays[a]	M		F	
	1952-1967 %	1970-1985 %	1952-1967 %	1970-1985 %
Northern America — Amérique septentrionale				
CAN	**7.0**	−40.9	−12.4	−43.0
USA	**4.1**	−48.6	−9.3	−48.1
Asia — Asie				
ISR	...	−45.0	...	−62.4
JPN	−0.7	−38.8	−30.3	−52.7
Eastern Europe — Europe orientale				
BUL	...	**42.3**	...	−3.7
CZE	**9.6**	**10.2**	−40.9	**2.3**
DDR	...	**21.1**	...	**19.9**
HUN	**63.9**	**38.6**	**17.1**	**15.2**
POL	...	**72.0**	...	**59.1**
ROM	...	**89.6**	...	**72.6**
Northern Europe — Europe septentrionale				
DEN	**60.8**	−8.0	**16.4**	−20.9
FIN	**23.8**	−23.0	−7.5	−31.1
ICE	...	−23.6	...	−19.8
IRE	**16.9**	−0.8	−22.1	−15.6
NOR	**98.6**	−13.6	**27.2**	−23.3
SWE	**32.0**	−2.5	−9.9	−25.3
UNK : E&W	**23.7**	−10.9	−6.3	−2.1
NIR	**23.7**	−9.4	−8.9	−15.7
SCO	**16.7**	−11.2	−11.0	−5.2
Southern Europe — Europe méridionale				
GRE	...	**41.4**	...	**20.1**
ITA	**24.2**	−12.6	−36.1	−33.9
MAT	...	−7.8	...	−37.0
POR	**91.4**	−14.2	**44.1**	−31.9
SPA	−10.7	**49.2**	−49.4	**24.9**
YUG	...	**64.8**	...	**36.3**
Western Europe — Europe occidentale				
AUT	**26.2**	−9.8	−14.9	−17.9
BEL	**77.1**	−36.6	**6.9**	−40.8
DEU	**54.8**	−9.3	−6.3	−10.7
FRA	**60.3**	−8.5	**21.0**	−28.4
LUX	...	−27.8	...	−4.7
NET	**70.6**	−23.4	−9.1	−19.4
SWI	**5.5**	−10.8	−36.9	−20.3
Oceania — Océanie				
AUS	**19.3**	−46.1	**9.8**	−50.5
NEZ	**39.0**	−31.8	**14.6**	−31.2

[a] See *Annex* — Voir l'*annexe*

PERCENTAGE CHANGE IN AGE-STANDARDIZED DEATH RATES FROM CEREBROVASCULAR DISEASE (AGE 30-69)

CHANGEMENTS EN POURCENTAGE DANS LES TAUX DE MORTALITÉ PAR MALADIES CÉRÉBRO-VASCULAIRES CORRIGÉS DE L'ÂGE (30-69 ANS)

Country* — Pays*	M		F	
	1952-1967 %	1970-1985 %	1952-1967 %	1970-1985 %
Northern America — Amérique septentrionale				
CAN	−25.6	−49.1	−47.1	−52.6
USA	−27.1	−55.1	−37.2	−53.3
Asia — Asie				
ISR	...	−52.0	..	−62.5
JPN	−5.1	−66.8	−31.5	−66.1
Eastern Europe — Europe orientale				
BUL	...	**32.3**	...	−9.2
CZE	−1.3	**3.2**	−18.0	−8.7
DDR	...	**48.1**	..	**39.7**
HUN	−17.5	**53.8**	−40.3	**23.9**
POL	...	**62.4**	..	**38.5**
ROM	...	**8.5**	...	−7.8
Northern Europe — Europe septentrionale				
DEN	−29.7	−17.2	−56.5	−23.8
FIN	−4.7	−35.2	−28.5	−50.1
ICE	...	−48.0	...	−60.5
IRE	**11.1**	−44.1	−20.0	−48.1
NOR	**10.2**	−39.2	−30.8	−43.5
SWE	−33.5	−26.3	−54.4	−40.8
UNK: E&W	−19.4	−38.1	−31.0	−38.9
NIR	−25.1	−39.1	−48.0	−33.6
SCO	−16.5	−30.3	−26.2	−37.2
Southern Europe — Europe méridionale				
GRE	...	−4.0	...	−19.1
ITA	−17.1	−32.8	−33.6	−40.0
MAT	...	−33.9	...	−68.4
POR	**69.3**	−18.4	**44.3**	−27.9
SPA	**0.5**	−30.4	−10.9	−41.6
YUG	...	**19.2**	...	**6.7**
Western Europe — Europe occidentale				
AUT	−4.2	−34.9	−36.6	−41.5
BEL	**128.9**	−44.4	**73.2**	−48.6
DEU	−13.8	−42.1	−39.6	−45.6
FRA	−27.9	−45.5	−44.7	−54.8
LUX	...	**4.9**	...	**0.3**
NET	−11.9	−38.4	−37.8	−44.8
SWI	−37.1	−46.4	−57.8	−55.7
Oceania — Océanie				
AUS	−26.8	−55.3	−42.8	−60.8
NEZ	−18.3	−43.6	−32.8	−44.9

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic B
(Major killers)

For release: 18 October 1990

HUNGARY'S MORTALITY FROM HEART DISEASES TODAY EQUALS THAT OF WESTERN EUROPE IN FIFTIES

— London. The mortality rate from heart attacks and stroke in Hungary is "very similar to that of Western Europe in the 1950's," according to the coordinator of the country's hypertension programme.

"In spite of the steady strengthening of democracy," predicts Dr Julia Kishegyi, "a decrease in living standards and a certain pauperization and deprivation can be expected" unless programmes against these diseases are given priority.

Cardiovascular diseases account for 53 per cent of total mortality, and of that figure 20 per cent of deaths are caused by heart diseases and 15 per cent by stroke, figures presented during a teleconference show.

Broadcast from the University of London to some 30 sites abroad, including Budapest, the teleconference is on the theme "Heart Health Around the World."

Mortality increased between 1970 and 1985 for both diseases, she said, adding that "trends do not improve." Death rates for heart diseases rose by 38.6 per cent for males and 15.2 per cent for females, and for stroke by 53.8 and 23.9 per cent respectively.

Surveys of adult populations show that 60 per cent are obese, that they consume two to three times more salt than is advisable, as well as a daily fare of 40 per cent mostly saturated fat. Also, cholesterol consumption is one and a half times more than is required.

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In addition, over 60 per cent of adult males smoke; adults spend, on an average, five minutes daily on exercise; and from 15 to 20 per cent suffer from high blood pressure.

Life expectancy at birth is 66.2 years for men and 74 for women, "far below the European averages," Dr Kishegyi said.

As a result of such facts as these, the Ministry of Welfare plans a nation-wide programme to detect and to control high blood pressure, singling out villagers and the country's 600,000 gypsy minority as primary targets of prevention programmes.

Even though "the new political system cannot retrospectively eliminate causes of the severe health problems that will accompany the present generation through their lives," she stated, "we can work with strong conviction, though without illusions," to improve health.

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic B
(Major Killers)

For release: 18 October 1990

JAPAN'S DILEMMA: ENCOURAGING ITS YOUTH TO EAT JAPANESE MEALS

— London. A traditional diet, of much seafood and little fat, has been credited with giving Japan a death rate from heart disease that is less than half of other industrialized countries.

In addition, eating less salt and more protein has led to a substantial decline in death rates from stroke, another major cardiovascular disease, over the last 20 years.

So said participants at a teleconference on the theme "Heart Health Around the World" broadcast from the University of London to some 30 sites abroad, including Tokyo.

"Such a diet," said Professor Yukio Yamori, of Shimane Medical University, Izumo, "is the reason why the Japanese lead longer lives than other people in the world."

But even as more and more non-Japanese take to Japanese diets, traditional eating patterns and lifestyles are becoming less popular among Japanese teenagers. Surveys of youthful populations have showed "a high level of cholesterol in their blood, perhaps even higher than Westerners."

"While recommending the merits of the Japanese traditional diet to the rest of the world," stated Professor Chuichi Kawai, of Kyoto University, "we must simultaneously strive to promote it in our own children."

Despite being better than other industrialized countries, the Japanese death rate for heart disease increased by 60 per cent over two decades — a rise largely attributable to its growing number of senior citizens.

"Elderly Japanese patients treated for atherosclerosis are more prone to suffer from ischaemic heart disease," said Professor Saichi Hosada, of Tokyo

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Women's Medical College, which, he added, is "another trend, slightly different from Westerners."

Moreover, despite the decline, mortality from stroke is still double that of other industrialized countries. Nonetheless, the decline has been substantial — 40 per cent since the 1970's. In addition, stroke is now Japan's third major killer, after cancer and heart disease, while in the 1950's it was the first.

Added to the reduction in salt, the decline in mortality is also the result of what Dr Teruo Omae, President, National Cardiovascular Center, Osaka, describes as the "popularization of anti-hypertensive drug treatment" plus "improved living conditions and advancement of medical care of patients in the acute stage."

In addition, suggests Dr. Yoshio Gyoten, a medical journalist from NHK (Japan Broadcasting Corporation), the decline has resulted also from the "wish of the elderly to steer away from stroke because it may lead to a miserable life."

According to Professor Shuichi Hatano, of Shukutoku University, Chiba, another contrast between Japan and other industrialized nations is that more Japanese smoke, about 60 per cent, than their counterparts, about 30 per cent, but that they suffer less from tobacco-induced heart diseases.

In the early 1940's, infectious diseases and tuberculosis were the two top causes of death, but with growing affluence, the diseases of lifestyles — stroke, cancer and heart diseases — emerged as Japan's top killers. (See graph, attached.)

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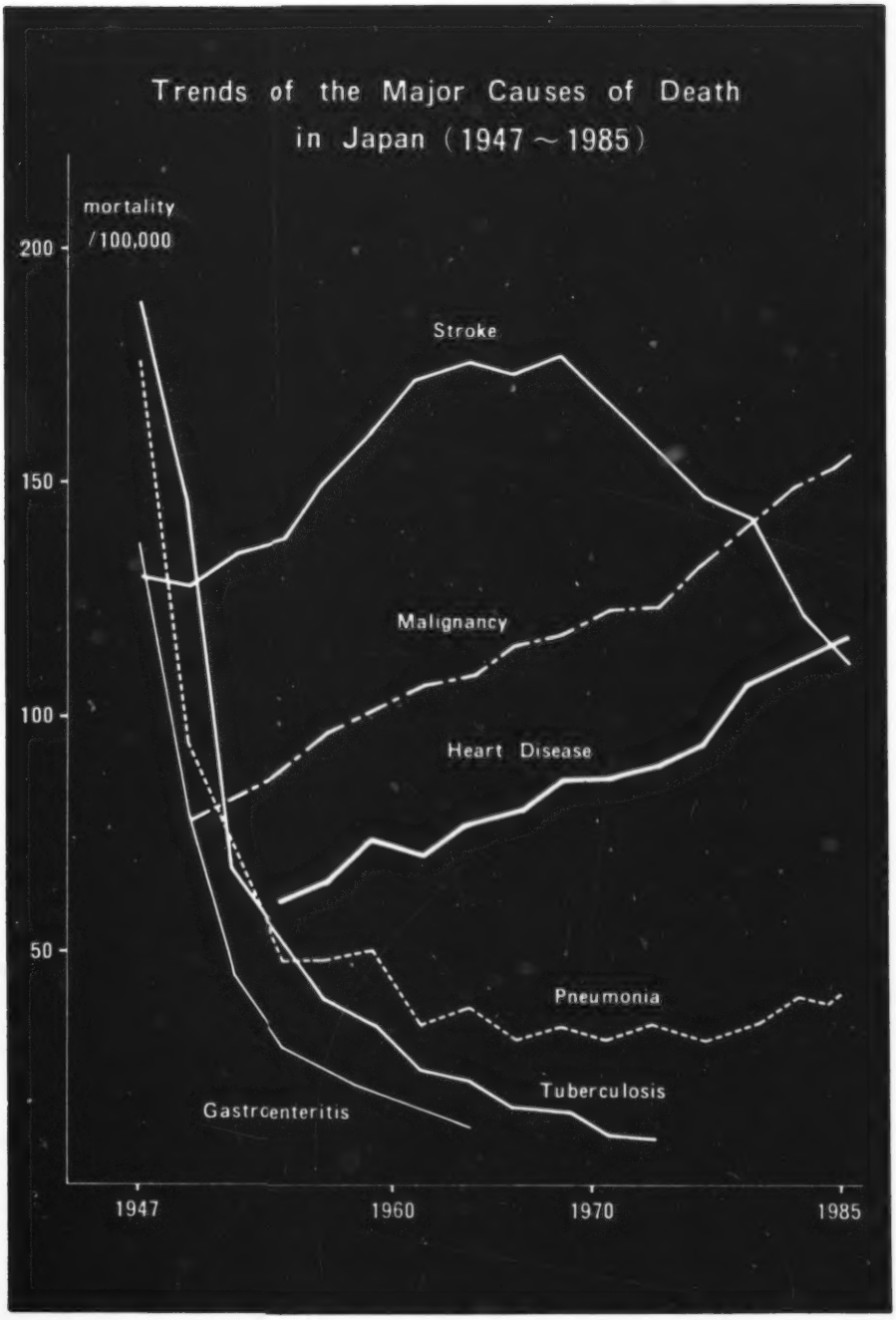
Trends of the Major Causes of Death
in Japan (1947 ~ 1985)
mortality
/100,000
200
150
100
50
Stroke
Malignancy
Heart Disease
Pneumonia
Tuberculosis
Gastrcenteritis
1947
1960
1970
1985

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic C
(Public awareness)

For release : 18 October 1990

HYPERTENSION AT "EPIDEMIC" STAGE IN COUNTRIES OF THE THIRD WORLD

— Nations Urged to Give Priority to Prevention Over Treatment —

— London. Hypertension, or high blood pressure, is at an "epidemic" stage in the Third World, and "it is of paramount importance for countries to acknowledge its emergence" and to give priority to prevention over treatment, according to a report by the World Health Organization.

A report by the World Health Organization bases that conclusion on data from 25 surveys on blood pressure levels carried out over a decade in developing countries and in Finland, which was selected as representative of an industrialized country.

The "prevalence of hypertension in some groups in developing countries is now of about the same magnitude as in Finland, "a country with "one of the highest mortality rates for heart disease among the middle-aged population," the report states.

A survey among Finnish males in the age group 45 to 49 in 1982 showed a 28 per cent prevalence of hypertension. High as that is, the prevalence is even higher among city workers in Sao Paulo, Brazil, and among urban-dwelling Bantu in Zaire.

The Brazilian survey showed a prevalence of high blood pressure ranging from 30 to 34 per cent among men aged 35 to 45, and the Zairean survey found a 33 per cent prevalence among males aged 40 to 49.

CVD/London/6

The percentage of hypertensive women in the Finnish population sampled was higher than the men by 1 per cent, but lower in Sao Paulo, from 18 to 24 per cent, for women. In Zaire, 15 per cent of the women were found to be hypertensive.

In Indonesia, surveys showed more women suffering from hypertension, 16 per cent of those sampled, than men, 13 per cent.

Surveys carried out in China and Chile "typically indicate a prevalence of hypertension of between 10 and 20 per cent", the report says, "with the epidemic becoming apparent over the last two decades or so."

In China, hypertension doubled between the late 1950s and the late 1970s, from 7.4 to 14.7 per cent in Beijing; from 4.2 to 10.7 per cent in Tianjin; and from 3.9 to 10.8 per cent in Liaonsing.

In Chile in the early 1980s, as much as 20 per cent of the urban and rural populations checked were found to be hypertensive. The report adds that rural populations are showing a "steeper upward trends than urban."

According to estimates, about 12 million suffer from hypertension in Brazil, whose population totals 138.5 million; 1.8 million in Bangladesh, population 103.8 million; 860,000 in Thailand, population 52.2 million; and 560,000 in Sri Lanka, population 16.4 million; in comparison with 680,000 in Finland, population 4.9 million.

Although the number of hypertensive persons is already high in the developing world, "it will no doubt increase", the WHO report says.

Cardiovascular diseases are developing at such a pace that by the Year 2000 the diseases will be either "actively emerging or established" in virtually every nation of the Third World, accounting for between 15 to 25 per cent of deaths.

According to studies of populations in 43 nations, when deaths from infectious diseases decline, when death rates fall below 15 per 1000 population,

and particularly when life expectancy increases to between ages 55 and 60, then diseases of the heart and arteries become major problems.

Projections by the United Nations show that life expectancy will reach at least age 60 by the Year 2000 in virtually all countries of the Third World. In Singapore, for instance, as life expectancy increased from age 40 in 1948 to age 70 in 1979, infectious diseases declined from 40 to 12 per cent of total deaths, while cardiovascular diseases climbed from 5 to 32 per cent.

"Similar trends have been observed in several countries in South-East Asia, in Latin America and the Caribbean" WHO says, adding:

"Developing countries are subject to the same risks that have contributed to the high incidence of cardiovascular diseases in the already developed countries."

A major problem faced by public health officials in the Third World is a lack of funds; most countries do not have budgets for cardiovascular diseases programmes. Another is a lack of basic equipment: sphygmomanometers to check blood pressure, and stethoscopes. And yet another is a lack of personnel training to perform such simple tasks as identifying hypertension.

HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic C
(Public Awareness)

For release: 18 October 1990

"HEART ATTACKS DEVELOPING IN DEVELOPING COUNTRIES"
TOP INDONESIAN OFFICIAL WARNS IN CALL FOR ACTION

—London. Warning that "heart diseases are developing in developing countries," a senior Indonesian physician has called upon health authorities to give new impetus to programmes against these diseases, which are generally still thought of as afflicting industrialized nations only.

"We need to work harder," said Dr. R.Boedhi Darmojo, who is the principal investigator in his country of a World Health Organization project that monitors the trends of cardiovascular diseases. "We need political support."

In just about a decade, heart diseases have so increased that they now constitute the third cause of death in Indonesia, a country of some 13,500 islands with a total population of 178 million that is still predominantly rural.

Indonesia's life expectancy at birth is 60 years. By the Year 2000, as the numbers of elderly grow, the "increase will be more significant," predicts Dr. Lily Rilanto, University of Indonesia, Jakarta.

These views were expressed during a satellite teleconference on the theme "Heart Health Around the World," broadcast from the University of London to some 30 sites abroad, including Jakarta.

Among the reasons cited in a survey for the rise of cardiovascular diseases are the following:

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— Hypertension: 16 per cent of females and 13 per cent of males suffer from hypertension, a rate equalling that found in the industrialized world.

— Tobacco: 60 per cent of males smoke, the majority a typical Indonesian cigarette that contains tobacco mixed with cloves which are "notorious for their higher tar and nicotine content."

— Diet: An increase in the consumption of foods with a high fat and refined sugar content, particularly among the youth in major cities.

The fight against cardiovascular diseases is being carried out by voluntary agencies, such as the Indonesian Heart Foundation, and the Indonesian Heart Association, in combination with government ministries, notably the Minister of Youth and Sport.

In addition, a nation-wide family organization, the PKK, promotes traditional diets throughout 27 provinces, and "Heart Health" clubs, exercise and sports.

While acknowledging there is a growing awareness of the threat of heart diseases, and that much is being done, Dr. Boedhi Darmojo said: "We are not yet satisfied."

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic D
(Prevention and the Physician)

For release: 18 October 1990

PREVENTION OF ILLNESS HAS BECOME MAJOR TASK OF PHYSICIANS IN BADEN WURTTEMBERG

— London. Some 600 general practitioners in Germany's Baden Wurttemberg county are giving of their spare time to work at tasks not normally associated with their profession.

During office hours they discharge the classical responsibilities of the physician — treating, healing. After office hours however, they assume another role, that of a promoter of good health.

They take a simple message of healthy living to groups in their communities — to school children, to parents, social clubs, to trade associations of bakers, butchers, and others.

"There is a role for physicians in prevention through health promotion," says Professor Egbert Nussel, of the University of Heidelberg. "Studies have shown that 70 per cent of lifestyle changes originate from advice given by the family doctor."

He made this statement during a teleconference on the theme "Heart Health Around the World," broadcast from the University of London to some 30 sites abroad, including Erlangen, Marburg, Stuttgart and Zwickau in Germany.

In Europe, the noncommunicable diseases, among them, heart disease, stroke, cancer, diabetes, are the cause of most illnesses and deaths. Physicians, in the traditional manner, tackle each disease singly.

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Such is not so with physicians that are part of the Landesweites Programm mit 7 Aktionen gegen 7 Krankheiten (7 x 7) programme that is run by the Chamber of Physicians in Baden Wurttemberg. The programme takes aim at seven diseases simultaneously through seven "actions". Its aim is prevention through health promotion. This means:

— Preventing myocardial infarctions through promoting tobacco-free societies; stroke through moderate drinking, or no alcohol at all;

— Preventing high blood pressure through eating less fat; diseases of the vascular system through less calories; metabolic disorders through less salt;

— Preventing liver diseases through lessening stress; and chronic joint diseases through exercise.

Says Professor Franz-Joseph Grosse-Ruyken, president of the Chamber of Physicians, "Slowly, but surely, prevention has become a tool in routine work. We know that it must be done".

The 7 x 7 project originated in 1973 in Wiesloch, a small town in Baden Wurttemberg. Meeting then, a group of physicians reasoned that their responsibility for health extended beyond treatment of patients. Prevention, they thought, would reduce illness, suffering, as well as costs.

So successful has that idea proved that it is now being put to work in 16 cities, with a total population of 730,000 in Baden Wurttemberg alone, and, more significantly, elsewhere in Germany. In addition, plans are now under way to reimburse the physician for what has so far been voluntary work.

"The doctor must not only look at patients, but also at the people around the patient. By so doing, the doctor is better able to improve the health of whole communities," said Professor Nussel, a member of the Wieslock founding group.

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic E — For release: 18 October 1990

(Prevention:Legislation, Public Policy.)

60 PER CENT OF CANADIANS FOUND AT RISK TO DISEASES OF HEART, ARTERIES

—London. An estimated 60 per cent of adults in Canada either suffer from high blood pressure, smoke or are obese, and thus, are at risk of diseases of the heart and arteries.

In addition, public health officials say, two out of three are at risk to a combination of factors, for instance, to high blood pressure and smoking, or to high blood pressure, smoking and obesity.

Because cardiovascular diseases are so widespread, Canada recognizes them as a public health — rather than an individual — problem. This has led to Federal, provincial, and voluntary agencies joining together in a nation-wide initiative to promote heart health.

These statements were made by participants at a satellite teleconference on the theme "Heart Health Around the World," broadcast from the University of London to some 30 sites abroad, including Halifax, Nova Scotia in Canada.

"Since heart disease is a public health issue, it ought to be the responsibility of the public health system," said Dr. Brian O'Connor, a medical officer from Vancouver, who was chairman of the Federal-Provincial Working Group on Cardiovascular Diseases Prevention and Control that charted the country's course.

"The level of public awareness and knowledge of cardiovascular diseases is low by comparison to smoking," said Dr. Sylvia Stachenko, Director, Preventive

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Health Services, Health and Welfare, Ottawa, in giving another explanation of the need for the fight against them to be part of national public health policy.

Studies show the population of four Atlantic provinces — New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland — are at higher risk than other Canadians.

In Nova Scotia, for instance, an estimated 70 per cent of the adult population are estimated at risk, which is higher than the national average, while in the Western provinces there are 7,000 fewer deaths yearly than throughout the rest of Canada.

Novia Scotia has the highest mortality rate for all cardiovascular diseases: 376.5 per 100 000 for males, and 106.5 for females. Saskatchewan has the lowest: 330.3 for males, and 176.3 for females.

"That gives you an idea of the tremendous potential for prevention," noted Dr. Richard Lauzon, Program Director, Heart and Stroke Foundation of Canada. A study of 20,000 Canadians now underway, which would provide "a good amount of statistical power," is likely to "clarify which risk factors contribute to the high rates in the Atlantic provinces," he added.

Smoking might be the key factor. According to Dr. O'Connor, "rates are lowest in the Western provinces. "British Columbia, will play host in May 1992 to a Global Heart Health Conference," he told participants. "It is to take place in the city of Victoria".

Canada's recently-enacted Tobacco Products Control Act is another measure taken to promote heart health. That law, said Paul Melia, of Canada's Health and Welfare department, "places tough limits on advertising tobacco products and requires more forceful warnings on tobacco packages."

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic F
(Health Promotion)

For release : 18 october 1990

AUSTRALIANS EATING LESS MEAT, EGGS, BUTTER — BUT MORE FRUITS

— London. Australians have been eating less red meat, less eggs and less butter, but more fresh fruits over the last four decades. Trends since 1946 show these average annual consumption figures:

— For red meat, down by 20 per cent, from 103 to 83 kilograms per person today;

— For eggs, down by 45 per cent, from 255 to 138 eggs per person, and

— For butter, down by 70 per cent, from 11.2 to 3.5 kilograms per person.

However, consumption of fresh fruits increased by 52 per cent, from 56.4 to 85.9 kilograms per person yearly.

As a result, there has been "an absolutely dramatic fall in the death rates of both men and women in Australia" from heart diseases and stroke, according to Dr Paul Magnus, Medical Associate, of the National Heart Foundation of Australia, Canberra.

Because of the "all-round reduction in cardiovascular risk factors, namely in smoking, in levels of blood pressure and cholesterol," he said, Australians today are "less than half as likely to die of a coronary as compared to 20 years ago."

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The statement was made during a satellite conference on the theme "Heart Health Around the World", broadcast from the University of London to some 30 sites abroad, including Perth in Western Australia.

Between 1968 and 1988, mortality from heart disease for Australian males, aged 30 to 64, decreased by 58 per cent, from 330 to 138 deaths per 100,000 population yearly. Mortality declined, as well, for Australian females by over 60 per cent, from 99 to 37 deaths per 100,000.

Overall, "the lives of over 115,000 Australians of working age have been saved in two decades," said Dr Konrad Jamrozik, University of Western Australia, also a participant at the teleconference.

About 35 per cent of total energy of the average Australian's diet derives from fat, but "the aim is to reduce it to 30 per cent in the next decade, mainly through advocating an increased consumption of plant foods, which is rich in unsaturated fatty acids, and in fibre," according to another participant at the teleconference.

"Moderate changes in dietary intakes and food patterns in a community can lead to a modest but significant reduction in the whole range of risk factors," said Dr Paul Nestel, Chief, Commonwealth Scientific and Industrial Research Organization, Division of Human Nutrition, Adelaide.

The state of Western Australia, is carrying out a public information and health education campaign, titled "Eat Less Fat," another participant, Assistant Commissioner for the State, Michael Daube, pointed out.

"The entire government-sponsored health promotion effort in Western Australia, including campaigns on immunization and alcohol, costs approximately A$8 per person"." It's amazing how much can be done at relatively low cost", he noted, adding: "It is better to implement what we already know rather than spend the next 20 years looking for yet more evidence whether it will work."

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic G
(Lifestyle Diseases)

For release: 18 October 1990

DISEASES OF LIFESTYLES ARE NOW PROBLEMS IN DEVELOPED AS WELL AS DEVELOPING WORLDS

— Diseases Emerge with Growing Affluence —

— London. Noncommunicable diseases — the diseases of lifestyles — are the cause of 70 to 80 per cent of deaths in the developed world, according to estimates by the World Health Organization.

In addition, 75 per cent of adult populations in those countries are at risk of one or more of the diseases, notably high blood pressure, heart attacks, stroke or lung cancer.

Contrary to common belief, the diseases of lifestyles are the cause as well of 40 to 50 per cent of total mortality in developing countries.

"The reality today is that noncommunicable diseases are no longer the exclusive property of the industrialized world," says Dr Evgueni Chigan, Director of WHO's Division of Noncommunicable Diseases and Health Technology.

Virtually unknown just three decades ago, these diseases are emerging, along with affluence and economic growth, in the Third World, according to a statement made during a satellite teleconference on the theme "Heart Health around the World". The teleconference is being broadcast from the University of London to some 30 sites abroad.

As a result of these trends, WHO officially launched Inter-Health earlier this year, a programme against the threat to health of the diseases of

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lifestyles, aimed at promoting healthy living, as well as advancing the cause of tobacco-free societies.

Cardiovascular diseases and cancer already figure among the three leading causes of deaths, after the teenage years, in both the developed and developing world, WHO statistics show. However, in absolute numbers, there are more cancer cases and deaths in developing than in industrialized countries.

Lifestyles are no longer purely conditioned by climate or by culture, the WHO official stated, but "are influenced by newspapers, magazines, radio, films and television. Lifestyles are imitated as fast as the written and electronic media transmit ideas from country to country."

As a result, "health administrations -- particularly those in developing countries -- should begin, or should beef-up, programmes against noncommunicable diseases," he said.

According to WHO statistics, 16 countries in the Western Pacific region are already reporting more deaths from the noncommunicable than from the communicable diseases, and "there are similar trends in other developing regions." The developing countries, therefore, bear a "double burden of age-old, communicable diseases -- such as malaria, schistosomiasis -- and of noncommunicable diseases".

Noncommunicable diseases are "man-induced," caused by choice of lifestyles -- notably too much fatty foods, salt, and alcohol; by tobacco; and by a lack of exercise. (See chart attached)

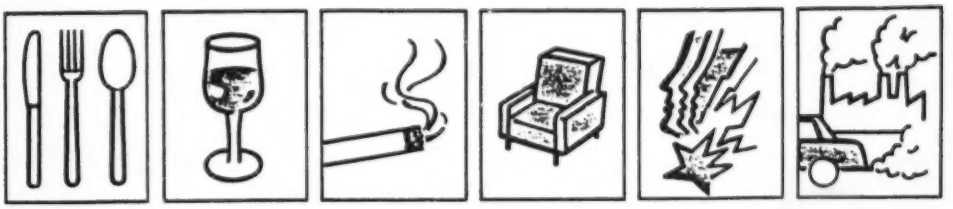
One bad habit carries multiple risks to ill-health. For instance:

-- Improper diet carries the risk of stroke, heart disease, hypertension, colorectal and stomach cancers, diabetes, osteoporosis (a bone disease), malnutrition, obesity and gastric ulcers.

-- Tobacco holds the risk of heart ailments, lung and mouth cancers, as well as of respiratory diseases.

INTER-HEALTH

A programme against the diseases of lifestyles



	Improper diet	Immoderate drinking	Tobacco	Lack of exercise	Stress	Pollution
Cardiovascular diseases						
Heart disease	✓✓	✓	✓✓	✓✓	✓✓	
Stroke	✓✓	✓✓	✓	✓✓	✓✓	
Hypertension	✓✓	✓✓	✓	✓✓	✓✓	
Cancer						
Colorectal	✓✓					
Lung			✓✓			✓
Oral		✓	✓✓			
Stomach	✓					
Respiratory diseases			✓✓			✓✓
Cirrhosis		✓✓				
Diabetes	✓✓	✓✓		✓✓	✓✓	
Osteoporosis	✓✓	✓✓	✓	✓✓		
Nutritional disorders[1]	✓✓	✓		✓✓		
Gastric ulcers	✓✓	✓✓	✓✓		✓✓	
Foetal injury		✓✓	✓✓			✓

[1] Includes malnutrition, obesity, nutrient deficiencies

✓✓ = high risk

✓ = risk

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HEART HEALTH AROUND THE WORLD

A teleconference on the prevention of cardiovascular diseases

Teleconference topic H
(Protecting the young)

For release : 18 October 1990

COUNTRIES SHOULD AIM PROGRAMMES TO PREVENT HEART DISEASES AT YOUTH

— Diet, No Tobacco, Excercise Urged —

— London. Countries should gear programmes for the prevention of cardiovascular diseases to those under 25 years of age, according to the World Health Organization.

Even though most diseases of the heart and arteries occur after middle-age, striking those in the "prime of life", experts say in a report that the fight against these modern-day killers should begin with children and youth.

"The etiological factors mainly responsible for the epidemic of coronary heart disease and other atherosclerotic diseases are widely prevalent not only among adults but also among children and young people in many countries", they state.

Their recommendations are based on studies over the years showing that atherosclerosis, which is the build-up of fat that causes arteries to clog, "is already in its initial stages in children and young people by age 20".

In addition, "autopsy studies in young men from developed countries show that approximately 70 per cent of them have fatty streaks and fibrous plaques in coronary arteries".

Accounting for about 25 per cent of all causes of mortality worldwide, cardiovascular diseases are today the No. 1 killer in both developed and developing worlds.

CVD/London/8

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"Atherosclerotic coronary heart disease in particular, in the second half of the twentieth century, has become epidemic in most industrialized countries", and, the experts warn, "threatens to overwhelm developing ones as well".

A major cause of the diseases are diets acquired from childhood that are, on the one hand, low in much-needed fibre content, and on the other hand, rich in fat, cholesterol, refined and processed sugar, calories salt, and, the experts state, for "a substantial minority, alcohol as well".

These are "eating habits hitherto unknown to the human species on a mass scale" the experts go on to say.

In addition, the "twentieth century mass habit of cigarette smoking", along with its sedentary life style, which is "encouraged by familial habits of watching television and using automobiles, "increase the risks of cardiovascular diseases.

Among preventive measures called for by the experts are the following:

Diet: -- An "emphasis" on foods of plant origin, namely cereal grains, beans, vegetables, fruit; fish; poultry and lean meats; low fat-dairy products, particularly for adults; plus, for cooking, liquid vegetable oils.

Tobacco: -- A ban on advertising and promotion of tobacco products, as well as on the sponsorship of sporting events, "so as to end the attempt to link smoking with sports in the minds of children and young people".

In addition, the experts state, "vending machines should not be located in places where young people are likely to have access to them".

Exercise: -- A nation-wide programme of health education and information to promote "aerobic forms of exercise" for children daily in schools, and year-round exercise for families.

Also recommended are bicycle paths for schools, playgrounds, and housing complexes.

"Each country is urged to set specific, detailed national goals," the experts say, with target dates from 1990 to 2000 for achieving these goals.

The recommendations are contained in the WHO report "Prevention in Childhood and Youth of Adult Cardiovascular Diseases: Time for Action" (price Sw.Fr. 12.-).